



1 September 2004

**UNITED STATES ARMY
SOLDIER SUPPORT INSTITUTE**

PREPARE CASUALTY REPORT

STUDENT HANDOUT

(DO NOT WRITE IN BOOKLET)

DA FORM 1155(PART I)

WITNESS STATEMENT ON INDIVIDUAL (AR 600-10)			CHECK APPLICABLE BOX <input type="checkbox"/> MIS <input type="checkbox"/> MIA <input type="checkbox"/> CAP <input type="checkbox"/> DET <input type="checkbox"/> DEAD (Remains not recovered)		
1. LAST NAME - FIRST NAME - MIDDLE NAME FLOWERS, JACK				2. SERVICE NO	
2A. SSN 979-89-2386		3. GRADE PFC	4. DATE OF DEATH OR WHEN LAST SEEN 1540 Z 16 Oct 12		
5. ORGANIZATION 2D Plt, Co D, 3d Bn (Mech) 94 th Inf		6. GEOGRAPHICAL LOCATION (Include grid coordinates and nearby town) AD 69224476 Kuwait City, Kuwait			
7. IF ITEMS 1 AND 2 ARE UNKNOWN OR NOT		POSITIVE, COMPLETE ITEMS LISTED BELOW:			
AGE	WEIGHT	HEIGHT	HAIR	EYES	RACE
HOMETOWN		CIVILIAN OCCUPATION		NICKNAME	
WAS HE MARRIED? (If so, give wife's name if known)			DID HE HAVE ANY CHILDREN? (If so, give names if known)		
OTHER IDENTIFYING MARKS (such as tattoos or birthmarks)		OTHER PERSONS WHO MAY HAVE WITNESSED THIS INCIDENT OR HAVE FURTHER INFORMATION			

DA FORM 1155, 1 Jun 66

PLACES EDITION OF 1 JUN 61, WHICH WILL
BE ISSUED AND USED UNTIL EXHAUSTED

DA FORM 1155 (PART II)

8. CIRCUMSTANCES SURROUNDING INCIDENT (If known, include cause of death or condition when last seen, and how identified) On 16 Oct 12, at 1540 Z PFC Flowers and I were attacked and captured by enemy forces while occupying a Listening Post (LP). We were taken to a POW camp where we stayed for two days. During a POW transfer PFC Flowers and I attempted to escape. He failed in his attempt and was recaptured. The last time I saw him he was being dragged away resisting the enemy.		
9. NAME OF PERSON MAKING STATEMENT Stewart Harry, SGT	10. SERVICE NO./SSN 979-21-3854	11. UNIT Co C, 3d Bn, 94 Inf (Mech)
12. DATE 18 Oct 12		13. SIGNATURE " SIGNED"

DA FORM 1155 FOR TRAINING PURPOSES ONLY

DA FORM 1156 (PART I)

CASUALTY FEEDER REPORT (AR 600-10)	CONTROL NO. D 403	CHECK APPLICABLE BOX <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> ACTION</div> <div>HOSTILE</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> ACTION</div> <div>NON-HOSTILE</div> </div>
1. LAST NAME - FIRST NAME MIDDLE INITIAL FLOWERS, JACK		
2. SERVICE NO. 979-89-2386	3. GRADE PFC	4. HOUR AND DATE OF INCIDENT 1540 Z 16 OCT 12
5. UNIT 2d Plt, Co D, 3d Bn (Mech) 94 th Inf	6. GEOGRAPHICAL LOCATION (nearby town) AND GRID COORDINATES AB 69224476 Kuwait City, Kuwait	
7. TYPE OF CASUALTY (Check applicable box(es))		
<input type="checkbox"/> KILLED IN ACTION	<input type="checkbox"/> MISSING IN ACTION	<input type="checkbox"/> WOUNDED OR INJURED IN ACTION
<input type="checkbox"/> DIED OF WOUNDS OR INJURIES	<input checked="" type="checkbox"/> CAPTURED	<input type="checkbox"/> LIGHTLY WOUNDED OR INJURED IN ACTION*
<input type="checkbox"/> DIED NOT AS RESULT OF HOSTILE ACTION	<input type="checkbox"/> DETAINED	<input type="checkbox"/> SERIOUSLY INJURED OR INJURED IN ACTION*
BODY RECOVERED YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> INTERNED	<input type="checkbox"/> SERIOUSLY INJURED NOT AS RESULT OF HOSTILE ACTION
BODY IDENTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> LIGHTLY INJURED NOT AS RESULT OF HOSTILE ACTION
EVACUATED TO		
*To be indicated by medical personnel only.		

DA FORM 1156, 1 JUN 66 REPLACES EDITION OF 1 MAY 61, WHICH WILL BE ISSUED AND USED UNTIL EXHAUSTED.

DA FORM 1156 (PART II)

8. WITNESSES WHO SAW INCIDENT OR IDENTIFIED REMAINS. (Name, grade, service number and unit) Stewart, Harry, SGT, 979-21-3854, Co D, 3d Bn (Mech), 94 Inf		
9. REMARKS (Additional circumstances, any religious ministrations performed etc): NONE		
10. FOR USE BY C.O. OR MED. OFF. (only for casualties not result of battle) LINE OF DUTY: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NDETM	AUTHENTICATED BY (CO or Med Off.)	VERIFIED BY (Pers. Off.)
UNIT Co D, 3d Bn (Mech), 94th Inf	GRADE SFC	SERVICE NO. 979-08-6783
DATE 18 Oct 12	SIGNATURE OF PERSON PREPARING REPORT //SIGNED//	

DA FORM 1156 FOR TRAINING PURPOSES ONLY

Date: 1/29/03

HANDOUT #3

RECORD OF EMERGENCY DATA

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSES: This form is used to designate beneficiaries for certain benefits in the event of the servicemember's death. It is a guide for the disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the servicemember desires to be notified in case of emergency or death. The purpose of soliciting the SSN is to provide positive identification.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, failure to provide personal identifier information may delay notification of the servicemember's status or may handicap processing of benefits to designated beneficiaries.

INSTRUCTIONS TO SERVICEMEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty, and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other dependents listed; for example, as a result of marriage, civil court action, death, or address change. Regarding your designation in Item 11, "Allotment if Missing" (if used by your Service), please read the following

statement carefully, and sign on the line provided:

I fully understand that, if I am captured, missing, or interned, my designation of allotments to dependents from my pay and allowances serves only as a guide to the Secretary of my Service. The Secretary may alter my designated allotment in the best interests of myself, my dependents, or the United States Government.

Jack Flowers / signed /

(Signature of Servicemember)

1. NAME <i>(Last, First, Middle)</i> Flowers, Jack	2a. SSN 979-89-2386	b. INITIAL <i>(To indicate valid SSN)</i> A	3a. SERVICE A	b. REPORTING UNIT CODE DUTY STATION WAMWDO
4a. SPOUSE NAME	b. ADDRESS <i>(Include ZIP Code)</i>			
5. CHILDREN a. NAME	b. RELATIONSHIP	c. DATE OF BIRTH <i>(YYYYMMDD)</i>	d. ADDRESS <i>(Include ZIP Code)</i>	
None				
6a. FATHER NAME Flowers, Larry	b. ADDRESS <i>(Include ZIP Code)</i> 123 Kennedy Drive, Nelsonville, South Carolina 28311			
7a. MOTHER NAME Flowers Leanne	b. ADDRESS <i>(Include ZIP Code)</i> 123 Kennedy Drive, Nelsonville, South Carolina 28311			
8a. DO NOT NOTIFY DUE TO ILL HEALTH	b. NOTIFY INSTEAD			
9a. BENEFICIARY(IES) FOR DG <i>(If no surviving spouse or child)</i> Flowers, Larry (Father)	b. ADDRESS <i>(Include ZIP Code)</i> 123 Kennedy Drive Nelsonville, South Carolina 28311		c. PERCENTAGE 100%	
10a. BENEFICIARY(IES) FOR UNPAID PAY/ ALLOWANCES McCormick, Snoopy (Uncle)	b. ADDRESS <i>(Include ZIP Code)</i> 45 Battlebuddy Lane Nelsonville, South Carolina 28311		c. PERCENTAGE 100%	
11. ALLOTMENT DESIGNEE/PERCENTAGE IF MISSING <i>(Subject to Secretarial determination)</i>				
12. INSURANCE <i>(SGLI and other Insurance Companies/Policy Numbers)</i>	a. SGLI <i>(Optional Service Use)</i> <input checked="" type="checkbox"/> MAXIMUM <input type="checkbox"/> NO <input type="checkbox"/> OTHER <i>(Amount)</i> _____		b. INSURANCE COMPANIES/POLICY NUMBERS	
13. CONTINUATION/REMARKS				
14. SIGNATURE OF SERVICEMEMBER <i>(Include rank, rate, or grade)</i> Flowers, Jack / Signed /		15. SIGNATURE OF WITNESS <i>(Include rank, rate, or grade)</i> Middleton, Luke SFC / Signed /		16. DATE SIGNED <i>(YYYYMMDD)</i> 20101013

Please read the instructions on the back before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)

- ☒ Name, change or update your beneficiary
☐ Reduce the amount of your insurance coverage
☐ Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name Flowers	First name Jack	Middle name	Rank, title, or grade PFC	Social Security Number 979-89-2386
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Branch of Service (Do not abbreviate) Army	Current Duty Location 3rd Battalion (Mech), 94th Infantry Division
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Amount of Insurance

By law, you are automatically insured for \$200,000. **If you want \$200,000 of insurance**, skip to *Beneficiary(ies) and Payment Options*. **If you want less than \$200,000 of insurance**, please check the appropriate block below and write the amount desired and your initials. Coverage is available in the following amounts: \$190,000, \$180,000, \$170,000, \$160,000, \$150,000, \$140,000, \$130,000, \$120,000, \$110,000, \$100,000, \$90,000, \$80,000, \$70,000, \$60,000, \$50,000, \$40,000, \$30,000, \$20,000, \$10,000. **If you do not want any insurance**, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

☐ I want coverage in the amount of \$ _____ Your initials _____

☐ _____

(Write "I do not want insurance at this time.")

Note: Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (<i>first, middle, last</i>) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
1. Flowers, Larry 123 Kennedy Drive Nelsonville, SC 28311	979-22-9110	Father	100%	LUMP
2.				
Contingent				
1. McCormick, Snoopy 45 Battlebuddy Lane, Nelsonville, SC 28311	979-31-2343	Uncle	100%	LUMP
2.				
3.				
4.				

I HAVE READ AND UNDERSTAND the instructions on the front and back of this form. I ALSO UNDERSTAND that:

- **This form cancels any prior beneficiary or payment instructions**
- The proceeds will be paid to beneficiaries as stated in #6 on the back of this form, unless otherwise stated above
- If I have legal questions about this form, I may consult with a military attorney at no expense to me
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$200,000

SIGN HERE IN INK



Jack Flowers / signed /

Date: _____

(Your signature. Do not print.)

Do not write in space below - For official use only.

WITNESSED AND RECEIVED BY: Deleon, Felix	RANK, TITLE, OR GRADE SPC	ORGANIZATION 546th Personnel Service Battalion	DATE RECEIVED 20101013
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SGLV-8286, April 1996

Supersedes SGLV 8286, March 1994
Which Will Not Be Used
LOCAL REPRODUCTION AUTHORIZED

MEMBER'S OFFICIAL PERSONNEL FILE 1
TO MEMBER (Certificate of Coverage) 2
UNIFORMED SERVICE COPY 3
USAPPC V1.00

SITUATION:

1. Your battalion has been deployed to a combat zone, grid coordinates AB 69224476, Kuwait. The Unit Identification Code (UIC) is WAMWD0. You received casualty information from your supervisor and you are ready to prepare an INIT casualty report on the incident. You are required to prepare an initial casualty report using the information on the DA Forms 1155 and 1156 and using the personal information from the ERB.

2. On 16 October 2012 at 1540, hours, Sergeant Harry Stewart, 979-21-3854 and Private First Class Jack Flowers, 979-89-2386 were occupying a forward Listening Post (LP) when enemy forces attacked them. Both were captured and taken to a Prisoner of War camp where they remained for two days. While transferring them to a new location SGT Stewart managed to escape. PFC Flowers failed in his attempt and was last seen being dragged away resisting the enemy.

ITEMS IN A CASUALTY REPORT

Item 1, enter the **type of report**: Initial, Supplemental, Status Change or Progress Report.
Format:

INIT, SUPP, STACH, PROG.

Item 2, enter the **type of casualty**: Hostile or Nonhostile. Format: HOSTILE, NONHOSTILE.

Item 3, enter the **casualty's status**: Deceased, Very Seriously Wounded, ill, or injured, etc.
Format:

DECEASED, VSI, etc.

Item 4, enter the **casualty report number**: For INIT and STACH reports, the next sequential number for the calendar year. For SUPP and PROG reports, the current number will be reported to update the initial report. Format: INIT

94-00001, SUPP 1. Enter **case closed date**: the date that the casualty case was closed.
Format: 19950601.

Item 5, enter **previous casualty status**: If the status should change, update the previous status. Enter the same codes listed in item #3 of the initial report. Format: DECEASED, VSI, etc.

Item 6, enter **previous report number**: If the status should change update the previous number from the initial report. Format: 92-00001. Enter the multiple **casualty code** (if applicable). Format: GANDER.

Item 7, enter the category of the individual: Refer to AR 600-8-1, chapter 2, paragraph 2-1 for proper definition of the individual's category. Format: MILITARY.

Item 8, enter the **Casualty's Social Security Number**. Format: 123-45-6789. Enter a Qualifier
(If Applicable).

Item 9, enter the Casualty's Last Name, First Name, Middle Name and Suffix (Jr., Sr., III, etc). Do not enter initials unless it is considered the complete First or Middle Name. Format: LAST NAME SMITH; FIRST NAME JOHN; MIDDLE NAME SHELDON; SFX JR.

Item 10, enter the person's race: Indicate if the individual is an African American, American Indian, Asian, Caucasian, or other. Format: BLACK, RED, YELLOW, WHITE, OTHER.

Item 11, enter the **person's date, city, state and country of birth.** Format: DATE OF BIRTH 19610514;
CITY COLUMBIA; STATE SC; COUNTRY US.

Item 12, enter the **person's military rank or civilian rank/title.** Format: SSG, GS12, MR, MRS.

Item 13, enter the **soldier's component:** Army National Guard, Regular Army, United States Army Reserve.
Format: RA, USAR, ARNG.

Item 14, enter the **soldier's organization** down to the company level, and include installation name, state, and zip code. Enter the unit's UIC. Format: B CO 307TH ENGR BN, FORT BRAGG, NC 28307. UIC: (W3VS99).

Item 15, enter **Enlisted DMOS/Officer AOC/Warrant Officer DMOS.** Enter the soldier's duty MOS, the entry will consist of 5 characters. Format: 42A3H

Item 16, enter sponsor's rank. If the person being reported is a dependent or family member this 6 entry must be noted. Format: CPT, SSG.

Item 17, enter **sponsor's Last Name, First Name, Middle Name and Suffix** (Jr., Sr., III etc). Do not enter initials unless it is the complete First or Middle Name. Format: LAST NAME SMITH; FIRST NAME JOHN; MIDDLE NAME SHELDON; SEX JR.

Item 18, enter the dependent's **relationship to the sponsor.** Enter the relationship of the casualty to the sponsor. If the person being reported is a dependent or family member this entry must be noted. Format: SPOUSE, CHILD, ADOPTED, CHILD.

Item 19, enter the **sponsor's social security number.** If the person being reported is a dependent or family member this entry must be noted. Format: 123-45-7889.

Item 20, enter the **sponsor's organization.** Include the station of assignment, state and zip code. If the person being reported is a dependent or family member this entry must be noted. Format: CO C, 37TH ENGR BN, 27TH ENGR BDE, FORT CARSON, CO 67895. UIC: WAUSAA.

Item 21, enter **date retired/separated** (If Applicable). Record the soldier's retirement or separation date from the service. Format: 19950124.

Item 22, enter **Retired Temporary Disability Retired List (TDRL) or Permanent Disability Retired List (PDRL)** and percentage received. Indicate whether the soldier was on the TDRL or PDRL and the percentage received. Format: TDRL/PDRL: TDRL; PERCENT: 100.

Item 23, enter the **date placed on the Temporary Disability Retired List (TDRL) or Permanent Disability Retired List (PDRL).** Format: 19870215.

Item 24, enter if **Died in Medical Facility.** Indicate whether the soldier died while a patient in a medical treatment facility. Format YES / NO.

Item 25, enter the casualty's **Home of Record City, State and Country**. CITY COLUMBIA
STATE SC; COUNTRY US.

Item 26, enter **Civilian Pay**. If the person being reported is a civilian enter the source of pay, Appropriated Fund Employee, DoD Dependent School Employee, Foreign National Direct Hire Employee, Foreign National, Indirect Hire Employee, Non-Appropriated Fund Employee. Enter the appropriate code for civilian pay. Format: AFE, DOD, FND, FNI, NAF.

Item 27, enter **Civilian Employer**. If the person being reported is a civilian enter the name and the address of the employer. Format: AAFES, Fort Carson, CO.

Item 28/29, enter the **Last Name** and the **First Name** of the casualty's **Next of Kin (NOK)**. Enter the Next of Kin's (NOK) full name, suffix, social security number, title/rank, address, city, state, country, zip-code, organization (if the NOK is a service member), phone number, notification status (if the NOK has been notified enter the appropriate code), relationship. Indicate all the necessary items listed above. Refer to the casualty's DD Form 93 for accurate information on the Next of Kin information. Format: LAST NAME SMITH; FIRST NAME JOHN; MIDDLE NAME JAMES; SFX JR, SR., III; Social Security Number 123-45-6789; Title/Rank MR/SSG address 125 Spring Street City: Ricksville; State: OH Country: US; Zip-Code 56899; Organization (if NOK is also a service member): Co C, 20th Engr Bn, 27th Engr Bde, Fort Carson, CO 58690. Phone Number: 1-302-673-2456; Notification Status: (N) Not Notified, (P) Phone, (In) Person Relationship: PARENT, STEPBROTHER; etc. Notifier's: enter the notifier's Last Name, First Name, Middle Initials, Suffix and Rank.

Item 30, enter the **date on the soldier's DD Form 93** (the latest). Enter the date prepared. Format: 19891018. Enter the last date reviewed. Format: 19901018.

Item 31, enter **Vehicular Involvement**. Enter the category of vehicle involved in the casualty's accident. Format: AIR, GROUND, MULTI, NONE, SEA, UNCLASS.

Item 32, enter **Vehicle Type**. Enter the type of vehicle involved in the casualty's incident. Format: BOAT, AUTO, TRAIN, MOTORCYCLE, etc.

Item 33, enter **Vehicle Owner**. Enter the ownership of the vehicle involved in the casualty's accident, indicate if commercially owned, contracted government vehicle, personally owned vehicle, US government owned vehicle. Format: COML, CONTR, POV, U.S. GOVT.

Item 34, enter **Position Aboard Vehicle**. Enter the casualty's official/unofficial position while on board the vehicle, e.g. pilot, co-pilot, driver passenger etc. Format: COMMANDER, DRIVER, PASSENGER, PILOT etc.

Item 35, enter **Duty Status**, Enter the casualty's duty status at the time of the incident by indicating the duty status/from date/to date. Format: DUTY STATUS: AWOL FROM: 19891018 TO: 19891015.

Item 36, enter the **date and time of incident**. Enter the local date and time (24 Hour) of the incident. Format: INCIDENT DATE: 19950215; TIME OF INCIDENT 1100.

Item 37, enter the **place of the Incident**. Enter the Incident City/Incident State/Incident Country.
State and Country codes are listed in AR 600-8-1, appendix C and D. Format: INCIDENT CITY: FORT BRAGG; STATE NC; COUNTRY: US

Item 38, enter activity **at the time of the incident**. Enter a specific account of the person's activity at the time of the incident. Format: HOME WATCHING TELEVISION; UNIT CONDUCTING WEAPONS QUALIFICATIONS.

Item 39, enter **circumstances of the incident**. Provide as much information as possible, but facts will be reported as such and supposition also must be clearly distinguishable from fact. Format: WHILE PERFORMING UNIT PT, SGT JONES BEGAN HAVING CHEST PAINS. HE STOPPED RUNNING TO REST WHILE RESTING ALONG THE ROAD, HE SUFFERED A MASSIVE HEART ATTACK. MEDICAL AID WAS SUMMONED; UNIT PERSONNEL PERFORMED CPR. HE WAS TRANSPORTED TO WOMACK ARMY MEDICAL FACILITY WHERE HE WAS PRONOUNCED DEAD.

Item 40, enter Inflicting Force. If casualty occurred as a result of hostile forces enter the appropriate codes: Allied Forces, US Forces, Enemy Forces, Unknown. Format: AMIGO, BUDDY, ENEMY, UNK.

Item 41, enter **Diagnosis**. For VSI, SI, NSI and SPECAT patients, enter complete diagnosis including all injuries and ailments. The information reported is subject to NOK review, and the use of medical abbreviations and technical language are highly discouraged. Report a complete description of the injuries; include cause, circumstances and a proper identification of the injured body area. Format: HARRY HAS SUFFERED A BROKEN RIGHT LEG. HE BROKE HIS LEG AT THE JOINT.

Item 42, enter place hospitalized. Enter the complete hospital name, address, city, state, country and zip code. Format: HOSPITAL: WOMACK ARMY HOSPITAL CITY: COLUMBIA STATE: SC COUNTRY: US; ZIP: 28307.

Item 43, enter the **casualty's present mailing address**, if different from the one stated in item #42.
Format: MAILING ADDRESS: 125 SPRING STREET CITY: NC; STATE: NC COUNTRY US
ZIP CODE: 12354

Item 44, enter the **casualty's prognosis**. In simple terms give a detailed statement of the person's medical progress, dates placed on or removed from the VSI or SI list, period of hospitalization, evacuation plans etc. Include the patient's morale, current and expected treatments, to include surgical operations and if they were successful or unsuccessful, anticipated length of hospitalization, state of consciousness and mental disposition, degree of alertness, whether the patient is ambulatory and the type of diet. **Types of progress:** making normal progress, SI or VSI and evacuated or transferred from one overseas medical treatment facility to another, not making normal progress etc. Enter the code that reflects the person's medical progress. It is not required to use any of the report codes. **Textual information will not be used in this field.** Format: AGATE, BROKE, CRIMP.

Item 45, enter **Casualty Assistance Officer** (if one was assigned by the reporting unit, type "Yes" if not type "NO"). If yes enter rank, last name, first name, middle name and any suffix (Jr., Sr., III). Enter complete mailing address and home and duty telephone number of the casualty assistance officer. Format: LAST NAME: SMITH; FIRST NAME: JAMES; MIDDLE: JOHN; SFX: Jr.; MAILING ADDRESS: 123rd WEST LUMBER STREET; CITY: SANFORD; STATE: NC; COUNTRY US; ZIP CODE: 23403; UNIT: 318th ENGINEER COMPANY, FT BRAGG, NC 28301; DUTY PHONE: 1-919-325-7990 HOME PHONE 1-919-447-4356.

Item 46, enter the **casualty's PEBD**. Enter the soldier's Pay Entry Basic Date (PEBD) not required for the ARNG/USAR soldiers. Format: 19901231; Enter the soldier's Basic Active Service date. Format: 19890909.

Item 47, enter the **casualty's religion**. Enter the casualty's true religion if not indicated state other and give a complete description in Item #61. Format: Protestant Episcopal Church. Codes: 26.

Item 48, enter **Received Religious Ministration**. Indicate if religious ministrations were given, type Yes, No or Unknown. Format YES, NO or UNK.

Item 49, enter **Decorations and Awards**. Enter all awards and decorations received using the abbreviations found in AR 310-50 and 672-5-1. Format: NDSM, VCM, MSM, etc.

Item 50, enter if the **incident was training related**. Format: YES / NO.

Item 51, enter the **date recommended/selected for promotion**. For enlisted personnel enter the date of the approved selection list on which the soldier's name appears or the date recommended by the soldier's commander. For Second Lieutenants and Warrant Officers One, enter the date of the DA Form 78 (Recommendation for Promotion of Officer). If the soldier has not been selected for promotion do not report this item. Format: 19911112.

Item 52, enter **rank recommended for promotion**. Format: SGT, SSG, SEC.

Item 53, enter the **highest rank held**. Indicate if the individual previously held a higher rank and enter the highest rank ever held. If a higher rank was never held do not report this item. Format: LTC/19811017/19851231.

Item 54, enter the **last date the soldier's (SGLV) Servicemen's Group Life Insurance** was prepared or reviewed. Enter the date the soldier's SGLV (Servicemen's Group Life Insurance Election and Certificate) form was last prepared or reviewed. Format: 19911231.

Item 55, enter **Death Gratuity Payment**. Enter the correct code for payment for payment of gratuity e.g. WILL PAY SPOUSE, PAYAUTH SPOUSE, NO SPOUSE/NO CHILDREN/WILL PAY. Format: NO SPOUSE/NO CHILDREN /PAYAUTH JOHN JONES/FATHER/100 PERCENT PER DD FORM 93.

Item 56, enter if a **Line of Duty Investigation** is required. Enter YES or NO if a line of duty investigation is required. Format: YES / NO

Item 57, enter the **date and the time of the casualty's death**. Enter the date (YYYYMMDD) and time in a (24 hour) format. Format: 19921018/1203.

Item 58, enter the **Place of death**. Enter the Hospital/City/State/Country in which the death occurred. Format: HOSPITAL DIED IN: WOMACK ARMY HOSPITAL CITY OF DEATH: FAYETTEVILLE; STATE: NC; COUNTRY: US.

Item 59, enter the **Cause of Death**. Enter the specific medical diagnosis and cause of death, using the appropriate medical terms. Indicate if the person was previously reported as wounded, if an autopsy was performed and name and address of the medical facility that performed the autopsy. Format: CARDIAC ARREST, GUNSHOT WOUND TO THE HEAD (investigation pending).

Item 60, enter the **Status of the Remains**. Indicate, by entering the appropriate code, if the

remains have been recovered, individually identified, already buried, NOK has custody of remains, etc., (refer to AR 600-8-1, Ch 3-4, pg 18). Format: AUGUR, COVER, DETER, INTER, RAVEN, READY, RENOR, UNITE.

Item 61, enter any **Remarks**. Use the Remarks section to include any additional information. If there are none, state so by typing NONE. Refer to AR 600-8-1, CH 3, PG 18, for a complete explanation on the items that may be recorded under the remarks section. Format: SOLDIER WAS PERFORMING ADT 1-14 JUNE.